

IPDR6702		NORTH CAROLINA				PAGE: 1		
RUN DATE: 09/20/2004		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 09/23/2004						
		FINANCIAL PAYER: NCDMH						
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8505	1874	CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SAS			NT BUDGET				
		8800	52	FURTHER PROCESSING NECESSARY,	0	1931	1968	37
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8599	5	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404902	BLUE RIDGE COMM	0	0	*** NO DATA TO REPORT ***				
	UNITY							
		0	0		0	0	0	0
3404904	WESTERN HIGHLAN	11	7	CLIENT NOT ELIGIBLE ON SERVICE				
	DS LME			DATE				
		8599	1	DETAIL NOT COVERED BY COMBINAT	0	8	21	13
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404905	TREND COMM MENT	0	0	*** NO DATA TO REPORT ***				
	AL HLTH CTR							
		0	0		0	0	0	0
3404907	RUTHERFORD-POLK	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404910	PATHWAYS	8599	11	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		27	6	DIAGNOSIS CODE MISSING OR INVA	1	24	786	762
				LID. VERIFY AND ENTER THE				
				CORRECT DIAGNOSIS CODE AND SUB				
		8518	2	CLAIM DENIED, SUBMITTED BEYOND				
				FILING TIMELIMIT. MAY AND				
				JUNE DOS MUST BE SUBMITTED BY				
3404912	CATAWBA COUNTYM	8931	49	AMTNC INELIGIBLE TO RECEIVE SE				
	ENTAL HEALT			RVICES IN IPRS.				
		11	6	CLIENT NOT ELIGIBLE ON SERVICE	55	65	2543	2478
				DATE				
		8932	5	CMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404913	MECKLENBURG COM	8599	982	DETAIL NOT COVERED BY COMBINAT				
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	781	CLIENT NOT ELIGIBLE ON SERVICE	921	2865	5583	2718
				DATE				
		8933	494	ADTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404916	CROSSROADS BEHA VIOAL REAL	8517	1221	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		8518	956	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY	21	2710	11620	8910
		8599	439	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404917	CENTERPOINT HUM AN SERVICES	8599	491	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8326	329	ATTENDING PROVIDER NUMBER IS R EQUIRED WHEN BILLED WITH GROUP NUMBER. ADD ATTENDING NUMBER A	64	1552	3824	2272
		8517	296	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
3404918	ROCKINGHAM CO M ENTAL HEALT	8599	82	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	78	CLIENT NOT ELIGIBLE ON SERVICE DATE	29	198	1734	1536
		8935	19	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404919	GUILFORD CO MEN TAL HEALTHC	8517	255	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		8599	236	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	91	788	5228	4440
		537	84	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE				
3404920	ALAMANCE CASWEL L AREA MH D	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404921	ORANGE PERSON C HATHAM AREA	8599	92	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		27	44	DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB	16	216	2629	2413
		11	29	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404922	THE DURHAM CENT ER	8599	619	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8518	183	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY	0	898	6066	5168
		8517	51	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				

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3404923	VGFW AREA AUTHORITY	8599	218	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	98	CLIENT NOT ELIGIBLE ON SERVICE DATE	1	369	924	555
		21	49	DUPLICATE OF CLAIM-SYSTEM				
3404925	SANDHILLS CENTER FOR MH/DD	21	495	DUPLICATE OF CLAIM-SYSTEM				
		8599	311	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	110	1527	7467	5940
		11	158	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404926	SOUTHEASTERN REGIONAL MENTAL HEALTH	11	196	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	119	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	65	521	3377	2856
		8931	37	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.				
3404927	CUMBERLAND COUNTY MHC	8505	594	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		8599	129	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	807	1624	816
		8518	23	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY				
3404929	LEE HARNETT MH/DD/SAS	21	329	DUPLICATE OF CLAIM-SYSTEM				
		8599	318	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	931	1722	791
		8518	177	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY				
3404930	JOHNSTON COUNTY MENTAL HEALTH	8931	61	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.				
		8599	27	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	86	156	1395	1239
		8935	18	ASTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.				

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3404931	WAKE CO HUM SVC BILLING OF	143	6	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
		23	2	SERVICE REQUIRES PRIOR APPROVA L	0	12	63	51
		8952	2	CLAIM DENIED DUE TO AGE RESTRI CTIONS FOR TARGET POPULATION				
3404932	RANDOLPH/SANDHI LLS CO MH C	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404933	SOUTHEASTERN CT R FOR MH/DD	8326	2008	ATTENDING PROVIDER NUMBER IS R EQUIRED WHEN BILLED WITH GROUP NUMBER. ADD ATTENDING NUMBER A				
		11	17	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	2039	2060	11
		191	7	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404934	ONslow COUNTY B EHAVIORAL H	8599	124	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8518	46	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY	1	274	1190	916
		8517	34	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8518	70	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY				
		8931	6	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	6	88	719	631
		8599	5	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404937	EDGEcombe NASH MNTL HLTH C	8517	74	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		8505	13	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	92	589	497
		8599	4	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404938	VGFw DBA RIVERS TONE COUNSE	8599	156	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		10	31	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR	2	211	687	476
		191	13	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
3404939	NEUSE MENTAL HE ALTH CENTER	8599	64	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	41	CLIENT NOT ELIGIBLE ON SERVICE DATE	6	176	4948	4772
		8651	22	ONLY FOUR UNITS ALLOWED PER MO NTH				
3404941	PITT CO MH/DD/S AS CENTER	537	234	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE				
		8599	119	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	81	635	1553	918
		120	93	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404942	ROANOKE CHOWANH UMAN SERVIC	8599	16	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8518	5	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY	9	36	1759	1723
		21	4	DUPLICATE OF CLAIM-SYSTEM				
3404943	ALBEMARLE MENTA L HEALTH CE	21	852	DUPLICATE OF CLAIM-SYSTEM				
		8599	131	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	41	1166	2340	1174
		8518	38	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY				
3404944	EASTPOINTE HUMA N SERVICES	8599	190	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	45	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	63	373	4455	4082
		8621	29	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404946	FOOTHILLS AREAM ENTAL HEALT	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404957	TIDELAND MENTAL HEALTH CTR	8518	7	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY				
		537	6	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE	1	17	29	12
		8517	3	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
3404959	DAVIDSON CO MEN TAL HLTH CT	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404979	NEW RIVER AREAM H/DD/SA PRO	8599	227	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	105	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	117	475	4959	4484
		11	53	CLIENT NOT ELIGIBLE ON SERVICE DATE				